(to be used for a	ANSMITTAL FORM all correspondence after initial for	. , . '. '. '. '.	s are required to respond to a co Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	December Van Barlow 3721 Lopez, Mic	7, 2001 w et al.
Total Number of I	Pages in This Submission 9		LOSURES (Check al	ii that apply	d
Amendme Aff Aff Extension Express A Informatio Certified C Documen Reply to N Incomplet	ter Final fidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	ion Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):
	SIGNA	TURE	OF APPLICANT, ATT	ORNEY,	OR AGENT
Firm Name Signature	Nields & Lemack				
Printed name	Kevin S. Lemack				
Date	November 24, 2004 Reg. No. 32,579				
I hereby certify the sufficient postage the date shown be Signature	hat this correspondence is le as first class mail in an er		CICATE OF TRANSMIS Esimile transmitted to the USF addressed to: Commissioner	PTO or deno	osited with the United States Postal Service with , P.O. Box 1450, Alexandria, VA 22313-1450 on

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kevin S. Lemack

Typed or printed name 1

Date November 24, 2004

PTO/SB/17 (10-04v2)

(Complete (if applicable))

Telephone 508-898-1818

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control number. work Reduction Act of 1995, no persons are required to re

TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

SUBMITTED BY

(\$) 66	0.00
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Complete if Known				
Application Number	10/017,746			
Filing Date	December 7, 2001			
First Named Inventor	Van Barlow et al.			
Examiner Name	Lopez, Michelle			
Art Unit	3721			
Attorney Docket No.	510P004			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)
Check Credit card Money Other None	3. ADDITIONAL FEES
	Large Entity Small Entity
✓ Deposit Account:	Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid
Deposit Account 14-0930	1051 130 2051 65 Surcharge - late filing fee or oath
Number Deposit Account Nields & Lemack	1052 50 2052 25 Surcharge - late provisional filing fee or
Name	cover sheet 1053 130 1053 130 Non-English specification
The Director is authorized to: (check all that apply)	1812 2,520 1812 2,520 For filing a request for ex parte reexamination
Charge fee(s) indicated below	1804 920* 1804 920* Requesting publication of SIR prior to
Charge any additional fee(s) or any underpayment of fee(s)	Examiner action ————————————————————————————————————
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action
to the above-identified deposit account.	1251 110 2251 55 Extension for reply within first month
FEE CALCULATION	1252 430 2252 215 Extension for reply within second month \$490.00
1. BASIC FILING FEE	1253 980 2253 490 Extension for reply within third month \$490.00
Large Entity Small Entity Fee Fee Fee Fee Gee Description Fee Paid	1254 1,530 2254 765 Extension for reply within fourth month
Code (\$) Code (\$)	1255 2,080 2255 1,040 Extension for reply within fifth month
1001 790 2001 395 Utility filing fee	1401 340 2401 170 Notice of Appeal
20 150-6-	1402 340 2402 170 Filing a brief in support of an appeal \$170.00
Deliver files	1403 300 2403 150 Request for oral hearing
D (class) films for	1451 1,510 1451 1,510 Petition to institute a public use proceeding
1000 100	1452 110 2452 55 Petition to revive - unavoidable
SUBTOTAL (1) (\$)	1453 1,370 2453 685 Petition to revive - unintentional
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,370 2501 685 Utility issue fee (or reissue)
Ext <u>ra Claims below</u> Fee Paid	1502 490 2502 245 Design issue fee
Total Claims20** = X =	1503 660 2503 330 Plant issue fee
Independent Slaims - 3** = X	1460 130 1460 130 Petitions to the Commissioner
Multiple Dependent =	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)
Large Entity Small Entity	1806 180 1806 180 Submission of Information Disclosure Stmt
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)
1202 18 2202 9 Claims in excess of 20	1809 790 2809 395 Filing a submission after final rejection
1201 88 2201 44 Independent claims in excess of 3	(37 CFR 1.129(a))
1203 300 2203 150 Multiple dependent claim, if not paid	1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b))
1204 88 2204 44 ** Reissue independent claims over original patent	1801 790 2801 395 Request for Continued Examination (RCE)
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application
	Other fee (specify)
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 660.00

Kevin S. Lemack Name (Print/Type) (Attorney/Agent) November 24, 2004 Date Signature WARNING: Information on this form may become public. Credit card information should not

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Registration No.

32,579